

PART B - FEE(S) TRANSMITTAL

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Thermo Finnigan LLC
IP Dept.
355 River Oaks Parkway
San Jose, CA 95134

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via EFS Web	(Depositor's name)
(Signature)	
December 16, 2009	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/573,395	March 22, 2006	Robert MALEK	0072US/PCT	5423

TITLE OF INVENTION:

METHOD OF PROCESSING AND STORING MASS SPECTROMETRY DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Utility	NO	\$ 1,510.00	\$ 300.00	\$ 1,810.00	12/30/09
EXAMINER		ART UNIT	CLASS-SUBCLASS		

Hien Xuan Vo 2863 702-066000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Charles B. Katz</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thermo Finnigan LLC

San Jose, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of Fee(s):

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- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3267.

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date December 16, 2009

Typed or printed name Charles B. Katz

Registration No. 36,564

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